DOCUMENT RESUME

ED 295 353 EC 202 589

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TITLE ETIPS Model for Early Intervention.
PUB DATE Mar 87
NOTE 9p.; In: Linking Programs and Resources for Rural Special Education. Proceedings of the Annual National Conference of the American Council on Rural Special Education; see EC 202 583.
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Development; Delivery Systems; Demonstration Programs; *Disabilities; Distance Education; *Educational Television; Infants; Intervention; *Parent Education; Program Development; Program Evaluation; *Public Television; *Rural Education; Videotape Recordings
IDENTIFIERS *Early Intervention; *Educational Television Intervention Programs TN

ABSTRACT

The major goal of the Educational Television Intervention Programs Project (ETIPS) of Tennessee Technological University in Cookeville, Tennessee, is to develop, field test, and disseminate a supplementary model for early intervention in rural isolated regions. The ETIPS model is based on beliefs that parents can be effective at early intervention if good examples and techniques are demonstrated, that parents are receptive to ideas modeled by other parents, and that television is an effective means for demonstrating and teaching parenting skills. A series of 30 videotapes, titled "Stepping Stones: Pathways to Early Development," was produced to illustrate skills that infants and toddlers develop between birth and age 3, including gross and fine motor, language, and cognitive skills. A major component of the ETIPS model is the linking of service providers with public television, as the video series was broadcast on public television stations serving rural populations. An ETIPS evaluation focused on child change, parent confidence, parent skills, parent knowledge, and product quality; its positive results indicated the success of the program. (JDD)

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"ETIPS MODEL FOR EARLY INTERVENTION"

Parents are key teachers of their very young at-risk or handicapped children. Those in rural, sparsely populated or isolated regions often do not have access to adequate early intervention services. If services are available, distance in rural regions prevents frequent contact with early intervention service providers.

Parents of young handicapped infants and toddlers are willing to teach their young children developmental skills, but often lack the knowledge, skills, and confidence to structure a teaching sequence.

One effective method of reaching isolated parents is through television. Research has indicated that this media, accompanied by other aids and resources, can be very useful in the delivery of service to isolated families. The major goal of the Educational Television Intervention Programs Project (ETIPS) has been to develop, field test and disseminate a supplementary model for early intervention in rural isolated regions. The fundamental biases of the ETIPS model are as follows:

- Parents can be effective at early intervention if good examples and techniques are demonstrated.
- Parents are receptive to ideas modeled by other parents.
- Television is an effective means for demonstrating and teaching parents skills.
- Television instruction, when accompanied by print materials as a follow-up to viewing, is an effective means for assisting parents.
- Parents are effective trainers of other parents.
- Public television stations and early intervention service providers can team up to provide training and contact with rural, isolated families of young handicapped or at-risk children.

The major products of the ETIPS model include the development, field testing, and dissemination of the following:

- 30 fifteen minute videos of skills that infants and toddlers typically develop between birth and three years of age including gross and fine motor, language and cognitive skills.
- The 30 programs illustrate each skill and show parents teaching typically developing and handicapped/high risk infants and toddlers.

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The thirty programs in the video series called "Stepping Stones: Pathways To Early Development" include:

Program 1 INTRODUCTION - 30 minute show telling how, why, when, and a look at a variety of skills infants and toddlers develop from birth to 36 months.
Program 2 LOOKING AND FIXATING - learning to use your eyes.
Program 3 STRETCHING AND MOVING BODY PARTS - importance of moving.
Program 4 TRACKING - following objects with the eyes and head.
Program 5 HEAD AND TRUNK CONTROL - beginning to gain strength for sitting.
Program 6 BABBLING AND VOCALIZING - getting ready to talk.
Program 7 ROLLING OVER AND PUSHING UP - beginning to get around.
Program 8 ATTENDING AND INSPECTING - looking with a purpose.
Program 9 REACHING AND GRASPING - using eyes and hands together.
Program 10 EATING AND DRINKING - practicing using utensils.
Program 11 SITTING - learning to sit up.
Program 12 IMITATE SOUNDS AND ACTIONS - learning by seeing and doing.
Program 13 MIDLINE AND TRANSFER - moving objects from one hand to another.
Program 14 OBJECT PERMANENCE - learning that objects out of view have not disappeared.
Program 15 CRAWLING AND CREEPING - practicing moving on hands and knees.
Program 16 STACKING, BUILDING AND KNOCKING OVER - using eyes and hands to build.
Program 17 STANDING UP - gaining balance for walking.
Program 18 SHAPES, FORMBOARDS - figuring out puzzles.
Program 19 CRUISING AND TODDLING - taking those first steps.
Program 20 PLAYING AND SOCIALIZING WITH ADULTS - learning how to interact effectively.
Program 21 PLACING AND REMOVING OBJECTS - putting in and taking out objects.
Program 22 MAKING TOYS WORK - learning to push and pull, squeeze and wind toys.
Program 23 SCRIBBLING - gaining control over arms and hands.
Program 24 LOOKING AND INTERACTING WITH BOOKS - beginning to look and listen.
Program 25 CLIMBING AND RUNNING - moving with speed.
Program 26 NAMING OBJECTS AND PEOPLE - talking more and more.
Program 27 JUMPING - getting the body off the ground.
Program 28 USING OBJECTS AS MEANS/ENDS - adapting to reach something.
Program 29 THROWING AND CATCHING - getting ready for games.
Program 30 CONCLUSION - 30 minute review of the programs--plans for the future.

A Parent Guide accompanies each video. The guides are four pages each and are designed to compliment each program by defining the skill, telling why it is important for the child to develop, describing how the skill occurs, teaching techniques at home, and making homemade materials. Follow-up materials help reinforce what was seen in each program.

A Child Progress Chart is also provided for parents to document their child's progress. The chart divides each skill into four or five sub-components of each skill (the sequences shown and described in the video segment). Parents can then take their child through each stage of the skill and document the child's achievement.

Parents have found the print materials to be valuable tools in assisting them with teaching their child. They were evaluated generally as informative, clear, easily readable, and helped them remember what was seen in each video.

A User's Guide was developed for service providers and other professionals who would be using the series. The Guide contains relevant information concerning the background material for the scope, nature, and rationale for the ETIPS model and products. Additionally, uses of the materials are described. Strategies for assisting parents in rural areas are suggested along with a description of each video, the parent guides, child progress chart, and Teacher's guide are included. Additionally, strategies for connecting up with public television as a vehicle for assisting in early intervention are discussed. The strategies used is the ETIPS model were described. The User's Guide is designed as a flexible tool for service providers to use within their own programs and serves as a resource.

Linking and Networking with Public Television - A major component of the ETIPS model is the linking of service providers with public television. The majority of public television stations are interested in providing quality programming to the viewership in the broadcast regions. WCTE-TV, a public television station serving the Upper Cumberland Region of Middle Tennessee, assisted with the development of the thirty videos in the Stepping Stones series. They also broadcasted the series so that families with young at-risk or handicapped infants and toddlers could view the thirty programs. This was implemented to test out the ETIPS model and also have parents and professionals evaluate the videos and accompanying print materials.

ETIPS FIELD TEST EVALUATION DESIGN - The ETIPS field test was conducted in two, four-month broadcasting cycles. The first cycle was May through August, 1986, and the primary target audience included 12 to 15 families with children who would benefit from the lower level skill programs and resources (Programs 1 - 15). The second cycle was September through December, 1986, and included as primary targets, the remaining families with children with the higher level skills, to reach the goal of twenty-five total primary target families. During the second cycle, several secondary target groups were added to the evaluation effort, including the groups noted below.

In general, the purpose of the evaluation/assessment effort was to determine the usefulness and effectiveness of the ETIPS Program as a supplement to, or first level, early intervention service delivery and as to examine its impact on broader audiences having interest in the development of young children (pre-natal classes, high school child development classes, parent groups, infant care centers and others).

Specifically, the ETIPS evaluation plan called for the collection of information in five domains, including 1) child change, 2) parent confidence, 3) parent skills, 4) parent knowledge (specific and general), and 5) product quality. Each of these domains is described below and the manner in which data was collected is described.

Child Change: Project staff recognize that pre and post measures of child change are of very limited usefulness in an effort such as ours, as a result of the duration of the field test and the focus being more on family/parent efforts. However, each target child will be assessed prior to the beginning of his/her family's broadcast cycle, and again at the conclusion of the cycle. The pre-assessment will be used to help Project staff and families establish what programs and materials will be prescribed for their use. As per the grant specification, the Peabody Developmental Motor Scales and the Uzgiris and Hunt Scales of Infant Psychological Development were the primary measures.

The post assessment will be of some use in determining any domain specific as overall developmental change in target children's abilities. Dr. Folio and Dr. Richey, Project Co-Directors, were responsible for administering interpreting and writing developmental assessments and for representing the assessment findings in establishing prescriptions.

Parent Confidence and General Knowledge: It is important to determine the extent to which the field test activities have influenced parents' attitudes/feelings/beliefs about their confidence in a variety of matters related to their special-needs or at-risk young child. It is also important to ascertain the extent to which participation in the ETIPS Project might have increased target families general knowledge of child development. A questionnaire consisting of forty (40) statements (15 general knowledge and 25 confidence/attitude), utilizing a Likert-type scale (5 points from Strongly Disagree to Strongly Agree will be used to evaluate these domains. This instrument will be administered pre and post by the parent cadre member assigned to the family. Following examples, each statement will be read orally to the participating family members individually.

Parent Skill: One intent of the ETIPS material and intervention strategy is to help family members improve their skills with regard to planning and implementing instruction for their child. Assessment in this domain will be accomplished by having the parent cadre member, during their wekkly or bi-weekly visit to the home, make these determinations; 1) can the caregiver name the skill and do they know, generally, what it is, 2) can the caregiver name and in general, tell about a new teaching tactic/activity which they are using, 3) can the caregiver demonstrate the tactic (partially) without the child, 4) can the caregiver demonstrate the tactic fully and accurately (not with the child), 5) can the caregiver fully and accurately demonstrate the tactic with the child, and 6) can the caregiver demonstrate with the child another tactic for the same skill (expansion and generalization). The parent cadre member will record this information for each visit during which the family is working on more than one skill at a given time, then the procedure will be follwed for each. Point values (1 - 6) will be assigned by the parent cadre staff at a later date and upon review and consideration of their notes and observations.

Parent Knowledge: The fourth domain of evaluation relates to change in families specific knowledge about the prescribed skills on which they are working. For each of the twenty-eight skills, there will be three specific items to assess knowledge. These statements will be read by the parent staff member during their weekly or bi-weekly visits and will be administered only for the skills on which the family is working with their child. Statements will be read under informal, non-threatening circumstances and will be five-point scaled. (Strongly Disagree to Strongly Agree). Specific knowledge items will be administered the week after the participating family member has viewed the program twice and has been assisted by staff in understanding and using the related Guide.

Product Quality: The fifth and last domain of evaluation has to do with the quality and usefulness of the products (t.v. program and guides). This is an on-going effort and parent staff members will collect from target families this information through a brief interview.

Twenty-five families agreed to participate in the evaluation phase of the project. Twenty of these families had children with identifiable handicaps and five families with children meeting criterion for "at-risk".

The co-directors of the project assessed the development of the children and prescribed the appropriate skill lessons to be viewed by the family. These families were visited regularly by a member of the ETIPS parent cadre to collect evaluation materials, as well as offer support and resources. Parents completed evaluations to measure product quality, change in confidence and acquisition of knowledge. Parents also read and evaluated the skills guides for each program and completed the Child Progress Chart.

The secondary target group was made up of two center-based programs for handicapped children, a program for young teen mothers who have dropped out of school, a high school child development class and a university sponsored child care program. These targeted groups evaluated the programs and the accompanying written guide for each of the 30 programs.

Finally, the ETIPS Co-Directors, Coordinator and other professionals and parents were part of a panel for a live call-in program. This program followed the airing of program #30 in August, 1986, after the first broadcast cycle. The second live program was scheduled for December 29 at the end of the second broadcast cycle. The series will continue to be aired on the educational line-up through May, 1987, on the local PBS station, WCTE Channel 22. The programs were also aired in Chattanooga, Knoxville, and Memphis. At this point, the preliminary data suggest that the video quality is excellent, the shows are easy to watch, hold the attention of the viewer and are informative. The data collected on general knowledge indicates families understand more about child development after viewing the programs than prior to viewing. Comments from both primary and secondary evaluators indicate the soundness of the content from the viewpoint of the professional, as well as, the ability to communicate effectively to the family. It is also evident from the data that the series has an impact on the parent or caregivers attitude toward working with the child. Hence, confidence, as well as, competence are strengthened by viewing the series. In addition, there are many people watching the programs from whom we have no means to collect data but whose attitudes toward special-needs children may well be positively influenced by the love and understanding imparted by this series.

Evaluation Product Quality: Evaluation of product quality was a key factor in demonstrating that the content communicated to viewers. This was the most critical factor, since the model could not be implemented without the core (Stepping Stones video series and print materials). A product quality check sheet was devised for primary and secondary targets. To date, all evaluation data have not been collected, however, the data are very positive. A summary sheet is depicted that includes the ratings by the primary targets (parents of special-needs and at-risk infants and toddlers) N=30. The average percentage of the primary targets was 74 who agreed with the three descriptors, (1) it was interesting and kept my attention; (2) it explained the skill well, (3) it showed how parents and family members can help. Twenty-five percent (average rating) of the families strongly agreed with the three descriptions. One percent on the average did not know. None of the viewers disagreed nor strongly disagreed with the three descriptors.

Related to the parent guides, the three descriptors were: 1) it supported and agreed with the program; 2) it was clear and understandable, and 3) it helped one know how to teach the skill. The average percentage of primary targets N=30 was 85% agreeing with the three descriptors while 15% strongly agreed with the descriptors. None responded with "didn't know, disagree or strongly disagree."

ETIPS PROJECT
Product Quality

Family Participant_____ Relationship to Child_____

Date_____ Program_____

1. How many times did you view the program? _____
2. Did you watch the program with another person(s)? _____ Yes _____ No
   If yes, with whom_____
3. Did you record the program? _____ Yes _____ No _____ No VCR
4. Did you recommend or suggest the program to anyone else? _____ Yes _____ No
   If so, who _____
5. How do you rate the quality of the program on _____ (skill name).

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
a. It was interesting and kept my attention	1	2	3	4 (74%)	5 (25%)
b. It explained the skill well	1	2	3	4 (74%)	5 (25%)
c. It showed how parents and family members can help	1	2	3	4 (74%)	5 (25%

6. How do you rate the quality of the Guide on _____ (skill name).

a. It supported and agreed with the Program	1	2	3	4 (85%)	5 (15%)
b. It was clear and understandable	1	2	3	4 (85%)	5 (15%)
c. It helped me know how to teach the skill	1	2	3	4 (85%)	5 (15%)

Comments:

Average rating on all 30 programs in "Stepping Stones" series.

Evaluation Parent Confidence - One of the goals of the ETIPS Project was to demonstrate that parents would become more confident in teaching their at-risk or special-needs infant/toddler. A parent opinionnaire was designed to measure the parents' confidence level prior to viewing "Stepping Stones" and reading the parent guides and after viewing. The preliminary data on the primary targets (families with at-risk with special-needs infants/toddlers) indicates that 95% of the parents rate "Agree" to the statements of confidence on the pretest, while 10% had mixed responses of "Agree and Disagree" before viewing "Stepping Stones." After viewing the "Stepping Stones" series, parents (95%) became more confident or "Strongly Agreeing" with the statements. Five percent (5%) did not change in their confidence overall in their ratings of the opinionnaire statements.

ETIPS PROJECT
Parent Opinionnaire

Date:_____
Parent's Name_____
Date of Birth_____
Child's Name_____ Date of Birth_____
Under each statement, circle the number that best describes your opinion/parent worker may also read statements and record response.

Example: My child needs some kind of special help.
If you agreed with that statement you would circle "2" (agree as shown below:

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1	2	3	4	5

Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1	2	3	4	5

I AM ABLE TO:

_____1 Seek help for my child.
Example: Ask the right professional about my child's progress.
_____2 Teach my child a skill, i.e., walk, sit up.
_____3 Explain my child's special needs.
_____4 Name or identify the skills my child is having difficulty with.
_____5 Select the most important skills my child needs to develop.
_____6 Talk openly to other people about what my child's needs are.
_____7 Feel close to my child and enjoy teaching him/her skills.
_____8 Be patient with my child while he/she tries to learn a skill.
_____9 Take my child out into the community.
_____10 Know how other parents feel and what they go through when they have a special-needs child.
_____11 Easily get my child to do a skill, i.e., roll over, hold head up.
_____12 Find materials that will help my child learn new skills.
_____13 Be encouraging and positive toward helping my child.
_____14 I am not able to be very helpful to my child in developing new skills.
_____15 Find several ways to teach my child a skill he/she needs, i.e., reaching and grasping, standing up.
_____16 Not sure how to physically assist my child in doing a skill.
_____17 Show my child how to do a skill - i.e., pick up an object.
_____18 Change a material to meet my child's special need.
_____19 Find a good place and time to help my child.
_____20 Reward my child for trying to do a new skill.

_____21 Do not know where to find more information about a skill my child needs, i.e., tracking, bringing hands together.
_____22 Working with my child at an early age does not make much difference.
_____23 Openly talk to relatives about my child's special needs.
_____24 Do not involve ___(child's name)___ brothers and sisters in helping me with my special-needs child.
_____25 See or know how my special needs child will make progress.

Dissemination - To date, the Project dissemination strategy includes distribution and training in the State of Tennessee and to approximately 8-10 other states primarily with rural isolated families. A one-day training workshop, designed to provide instruction about the ETIPS model, the content of the video series, "Stepping Stones, the accompanying print materials, working with rural families and applied uses of the ETIPS model, will be held at each dissemination site. Anticipated impact from dissemination activities are as follows: 1) service providers will find ways to link with public television to provide a new vehicle for reaching isolated families; 2) the "Stepping Stones" series will provide an adjunct and supplement to existing service delivery models, particularly in training parents as teachers of their young handicapped or at-risk children; 3) service providers will use the ETIPS model as a flexible training mechanism within their existing programs; 4) broadcasting the "Stepping Stones" series will stimulate interest and child find for very young handicapped children; 5) interest in generating service delivery where none exists will occur as a result of watching the "Stepping Stones" series and finally, the realization that handicapped infants and toddlers are more like their non-handicapped peers than they are different.